



Department of Corrections

INTERNAL MANAGEMENT POLICY & PROCEDURE

Applicability: _ ADULT Operations Only _ JUVENILE Operations Only _ DEPARTMENT-WIDE

IMPP #: 20-105A

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RESTRICTIVE HOUSING: Basic Operations of Administrative Restrictive Housing

Original Date Issued: 03-10-21 Replaces IMPP Issued: N/A CURRENT EFFECTIVE DATE: 04-09-21

Approved By: , Secretary

Next Scheduled Review: April 2022

POLICY

All basic operations of an administrative restrictive housing unit, including the placement of residents, filing of reports, notification of residents, enforcement of resident privileges and rights, transfer to more restricted areas, and administration of discipline are to be carried out in accordance with the provisions of this IMPP.

DEFINITIONS

None.

PROCEDURES

I. Related Policies

A. None.

II. Placement Within Administrative Restrictive Housing; Notification Requirements; Hearing

A. In all cases in which residents are placed in administrative restrictive housing, a shift supervisor or the restrictive housing unit manager must approve the placement.

1. The shift supervisor is to forward a written report to the warden before the end of that particular shift.
2. No resident may be placed in administrative restrictive housing without receiving a medical/mental health evaluation by qualified medical/mental health staff prior to placement or as soon as possible after placement.
 - a. In addition to the health services restrictive housing screening evaluation, a checklist of possible self-harm indicators (Attachment A) must be completed for each resident placed in a KDOC administrative restrictive housing unit.
 - (1) This checklist must be completed by the restrictive housing unit OIC, unit team counselor, or shift supervisor.
 - (2) The checklist must be completed prior to placement or immediately upon placement in restrictive housing and must be as a result of direct contact between the affected resident and the security, unit team or medical staff completing the checklist.
 - (3) Subsequent to the completion of the checklist, appropriate referrals are to be made as indicated internally on the checklist form (Attachment A).

- (4) Residents placed on administrative restrictive housing status, but actually housed in county jails, are to be exempt from the completion of the checklist and are subject to the jail's admissions policies and practices.
- B. Except as provided in Section II.C., residents placed in administrative restrictive housing are to be provided with a hearing prior to placement in order to provide them with an opportunity to present objections, explanations or reasons why such a placement cannot be effected.
 1. This hearing is to be held by the warden's designee who can consider alternative housing that may be available to meet the separation needs.
- C. A hearing prior to placement is not required if an emergency situation exists.
 1. The shift supervisor or restrictive housing unit manager may order immediate placement in administrative restrictive housing when necessary:
 - a. To protect the residents or others;
 - b. To prevent escape; or,
 - c. To maintain control of the correctional facility.
 2. This action must be reviewed by the warden or designee within 24 hours.

III. Administrative Restrictive Housing Report

- A. An administrative restrictive housing report (Attachment B) must be completed in all cases of administrative restrictive housing.
 1. The report (Attachment B) must indicate, specifically, the reason for placing the resident in administrative restrictive housing.
 - a. The administrative restrictive housing report (Attachment B) may be used as the written report of the shift supervisor to the warden as required by Section II.A.1. of this IMPP.
 - b. A copy of the report (Attachment B) may be used as the written notice to the resident required by Section IV.A.1. of this IMPP.

IV. Notice and Explanation to Resident

- A. Written notice of the reasons for placement in administrative restrictive housing, stated in sufficient detail to allow the resident to understand the reasons and make a response to them, must be provided to the resident before the resident is placed in administrative restrictive housing unless a serious emergency or major disturbance exists.
 1. If a serious emergency or major disturbance involves a substantial number of residents, or a clear and present danger thereof, notice and is to be given; not more than three (3) working days after placement in administrative restrictive housing, or sooner, if the nature of the emergency has been resolved.
 - a. The serious emergency or major disturbance is to be described briefly, in writing, by the officer and made part of the record. In all cases, the notice must be given to the resident before the hearing so the resident knows the reason for the placement.

V. Privileges and Rights in Administrative Restrictive Housing

- A. When privileges, property, and/or programs are restricted beyond what is allowed by restrictive housing policy, the following is needed to be documented:

1. the opportunities that have been limited;
2. the reason for the limitation; and
3. the duration of the limitation.

B. Administrative restrictive housing must not be used or considered as punishment.

VI. Transfer to More Restricted Area in Special Cases

- A. A narrative is to be prepared to document any instance or incident leading to more restrictive confinement within the restrictive housing unit.
- B. Transfers to more restrictive confinement may be permitted only for administrative security and control and must not constitute or be used as punishment.
1. Each such transfer to a more restrictive confinement is to be authorized and approved by the restrictive housing unit team manager or designee, or in that person's absence, by the shift commander or designee.

VII. Discipline While in Administrative Restrictive Housing

- A. All applicable provisions and requirements of the disciplinary procedure set forth within K.A.R. 44-13-101, *et seq.*, apply to resident housed in a restrictive housing unit.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff, residents and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees, residents or offenders, or an independent duty owed by the Department of Corrections to employees, residents, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure are not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS

None.

REFERENCES

K.S.A. 75-5210, 75-5251, 75-5252
K.A.R. 44-13-101, *et seq.*
ACI 3-4223

HISTORY

None.

ATTACHMENTS

Attachments	Title of Attachments	Page Total
A	Checklist of Possible Self-Harm Indicators	1 page
B	Administrative Restrictive Housing Report	1 page

Checklist of Possible Self – Harm Indicators Disciplinary Restrictive Housing Admissions

Resident Name: _____ DOC Number: _____

Reporting Officer: _____ Date: _____ Time: _____

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | 01. Escorting officer has information that resident may be a suicide risk. |
| ___ | ___ | 02. Resident is expressing suicidal thoughts/making threats to harm self. |
| ___ | ___ | 03. Resident shows signs of depression (crying, withdrawn, passive). |
| ___ | ___ | 04. Resident is acting/talking in a strange manner (hearing/seeing things that are not there, statements do not make sense). |
| ___ | ___ | 05. Resident appears to be under the influence of drugs/alcohol. |
| ___ | ___ | 06. Resident has had a recent family change (death/divorce). |
| ___ | ___ | 07. Resident brought to restrictive housing due to serious infraction that could lead to criminal charges (assault/battery, drugs/contraband). |
| ___ | ___ | 08. Resident states he/she is taking psychotropic medication. |
| ___ | ___ | 09. Resident is normally housed in the Behavioral Health Unit. |
| ___ | ___ | 10. Resident has been assaulted (physically or sexually) by another resident. |
| ___ | ___ | 11. Resident shows anger, hostility, and makes threats. |
| ___ | ___ | 12. Resident displays signs of self-neglect or abuse (poor hygiene, cuts, bruises). |
| ___ | ___ | 13. Resident states this is his/her first placement in restrictive housing. |
| ___ | ___ | 14. Resident has recent legal status change (parole violation, new charges). |

IF ANY ITEM ABOVE IS CHECKED “YES”, THE RESTRICTIVE HOUSING OIC MUST IMMEDIATELY TELEPHONE/CONTACT THE CHARGE NURSE, WHO MUST IMMEDIATELY NOTIFY A BEHAVIORAL HEALTH PROFESSIONAL.

Responding BH staff: _____ Date: _____

INSTRUCTIONS: The restrictive housing OIC on shift is to ensure that this form is completed for all residents placed in restrictive housing. The escorting officer must be asked why the resident is being brought in, and whether there is any indication that he/she might engage in self-harm. The resident must be asked if there are any issues of which staff need to be aware, and if he/she takes medications. The officer must note whether or not the resident was uncooperative. Any notes, letters or other documents obtained from the resident that appears to indicate the resident's state of mind must be attached to this report and made available to the behavioral health professional for review.

COMMENTS

cc: Clinic, Behavioral Health, Unit Team Manager

Kansas Department of Corrections
Administrative Restrictive Housing Report

TO: _____

Report Number: _____

FROM: _____

Date This Report Filed __/__/__

Time of Placement __:__m

Date of Restrictive Housing placement __/__/__

Time of Placement __:__m

Resident Name: _____#_____ Reason(S) For Restrictive Housing (Including Rule No. and Title)

Moved from Cell #: _____ to Restrictive Housing Cell #: _____

☐ Pre-Restrictive Housing hearing conducted

☐ Pre-Restrictive Housing hearing NOT conducted (Explain) _____

Facts: _____

☐ This placement is an Involuntary Protective Custody due to PREA Concerns (Respond to next two (2) sections)

What is the basis for the facility's concern for the resident's safety?

What is the reason no alternative means of separation can be arranged?

Approved By:

Signature and Title of Reporting Officer

Date __/__/__

Shift Supervisor or Seg Unit Mgr.

Date __/__/__

Warden Authorization (If Needed)

Date __/__/__

RESIDENT ACKNOWLEDGMENT:

I received a copy of this report on: Date __/__/__ Time: __:__m

Resident Signature and Number

Staff Witness and Title

Record this Document in Imaging

Original to Master File

Copy to: Warden

Resident

PCM